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PTO/SB/52 (10-05)

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Docket Number (optional)
312.104331R00

I hereby declare that:

The residence, mailing address and citizenship of the inventors are stated below.

I am authorized to act on behalf of the following assignee: Her Majesty in Right of Canada as represented by the Minister of Communicationsand the title of my position with said assignee is: President, Communications Research Centre

The entire title to the patent identified below is vested in said assignee.

Inventor

MALO, Mr. Bernard

Citizenship

Canada

Residence/Mailing Address

111 Rue du Pinot, Gatineau, Quebec J8R 3N7

Inventor

KAWASAKI, Mr. Brian S.

Citizenship

Canadian

Residence/Mailing Address

5541 Pettapiece Crescent, Manotick, Ontario K4M 1C5

☒ Additional Inventors are named on separately numbered sheets attached hereto.

Patent Number

5,367,588

Date of Patent Issued

November 22, 1994

I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:

METHOD OF FABRICATING BRAGG GRATINGS USING A SILICA PHASE GRATING MASK AND MASK USED BY THE SAME

the specification of which

☐ is attached hereto.☒ was filed on June 29, 1999 as reissue application number 09 / 342,707and was amended on: June 29, 1999; Nov. 12, 1999; Dec. 23, 1999; Sept. 3, 2002
(if applicable) and Nov. 21, 2002.

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

☐ I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☒ by reason of a defective specification or drawing.☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.☐ by reason of other errors.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional)
At least one error upon which reissue is based is described as follows: The original patent failed to recite the relationship of the original patent with the parent applications of U.S. Pat. Nos. 5,216,739 and 5,104,209 and failed to claim benefit thereof under 35 USC §120; and claim 15 of the original did not have proper antecedent basis for the "the striations" so that claim 15 has been amended to depend from claim 10 rather than claim 8.		
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.		
I hereby appoint: <input checked="" type="checkbox"/> Practitioners associated with Customer Number: 020457 OR <input type="checkbox"/> Practitioner(s) named below:		
Name		Registration Number
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.		
Correspondence Address: Direct all communications about the application to:		
<input checked="" type="checkbox"/> The address associated with Customer Number: 020457 OR <input type="checkbox"/> Firm or Individual Name		
Address		
City		
Country		
State		
Zip		
Telephone		
Email		
WARNING: Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the use of such statements are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.		
Signature Veena RAWAT		Date FEB 19 2007
Full name of person signing (given name, family name)		
Address of Assignee		
7 Craigmohr Crescent, Nepean, Ontario K2G 4P9 CANADA		

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
	Page <u>2</u> of <u>3</u>

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Derwyn				JOHNSON			
Inventor's Signature				Date			
Nepean		Ontario		Canada		Canadian	
Residence: City		State		Country		Citizenship	
43 Stillwater Drive							
Mailing Address							
Nepean		Ontario		K2H 5K3		Canada	
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Francois				BILODEAU			
Inventor's Signature				Date			
Nepean		Ontario		Canada		Canadian	
Residence: City		State		Country		Citizenship	
149 Corkstown Road							
Mailing Address							
Nepean		Ontario		K2H 1B8		Canada	
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Jacques				ALBERT			
Inventor's Signature				Date			
Gatineau		Quebec		Canada		Canadian	
Residence: City		State		Country		Citizenship	
33 Moncion							
Mailing Address							
Gatineau		Quebec		J9A 1K4		Canada	
City		State		Zip		Country	

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Kenneth		HILL	
Inventor's Signature		Date	
Kanata Residence: City	Ontario State	Canada Country	Canadian Citizenship
1 Binning Court Mailing Address			
Kanata City	Ontario State	K2K 1B2 Zip	Canada Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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